

for what you did for Ireland.” I said, “I had to do it. It’s about time we started getting along.”

I want to say just a few things. I spent quite a bit of time thinking about what I would say in my couple of minutes. Most of what I wanted to say has been said. But you know, when a great human being passes away, people search around in their minds for some part of the Scripture that captures that person. We talked about it a lot already today. Proverbs says, “A happy heart doeth good like medicine, but a broken spirit drieth the bone”—that God loves a cheerful giver. That’s what Jack McAuliffe was. He knew it was more blessed to give than to receive. But nothing is more distasteful than someone who’s out there doing good and wants you to know it every minute of the day.

Jack McAuliffe was a cheerful giver. Whether it was in risking his life in the Pacific or leading campaigns here to build a church for his neighbors or schools for the kids or cheering and giving to Notre Dame or the Democratic Party or spending time imparting all the lessons to his children that you heard about or just buying a round at the local bar, he was a cheerful giver.

And every time I was around him, I felt better. And so did you, and that’s why you’re here today. He gave more to us than any of us outside his family gave to him. And we showed up to say, “You gave us a lesson in life. We loved you for it, and we’re grateful.”

I have to say a little something about his ties to the Democratic Party. He was the county Democratic treasurer here for decades. And he started Terry out as a political fundraiser when he was 6 years old. I’ve heard this story—no matter how many times, I never get tired of it.

When Terry was 6, on the night of the Onondaga County Democratic dinner, his dad sat him down at a card table outside the ballroom at

the Hotel Syracuse and said, “Don’t let anybody in who hasn’t paid.” [Laughter] Terry immediately found his true calling in life. [Laughter] And you know, when he got up here, the first words out of his mouth were that his Republican brother paid. [Laughter] So thanks, Jack, you did good.

I’ll always be grateful because Jack showed me something about going through life and staying young by never losing your enthusiasm. You know, he didn’t take—he was very proud of Terry’s role in politics, but he didn’t think it meant that he was now too good to do the basic work of politics. He was out there putting up yard signs for Hillary in this campaign when he was 83 years old. And I think he was pretty pleased at the way things came out.

I also like the fact that he didn’t lose his spirit when it didn’t all work the way he thought it should. I mean, he thought Notre Dame should never lose, and he had what in this year turned out to be a bizarre idea: He thought all votes should actually be counted. [Laughter] But he just kept chugging along, you know? And he made me even feel better about all of that.

Terry, of all the things you’ve done for me, turns out none of them was better than the chance you gave me to be your father’s friend. His memory will always bring a smile to the face of all of us who knew him, and we’ll always miss him. But I rejoice in the fact that Jack, the cheerful giver, is in his rightful place, where the road is always rising and the wind is always at his back, and he is always in the hollow of God’s hand. Thank you, Jack.

NOTE: The President spoke at 11:45 a.m. at the Cathedral of the Immaculate Conception. In his remarks, he referred to Jack McAuliffe’s widow, Millie, and their children, John E., Jr., Joseph R., Thomas J., and Terence McAuliffe; and former Congressman Tony Coelho.

Remarks Celebrating the Enactment of the Breast and Cervical Cancer Prevention and Treatment Act of 2000

January 4, 2001

Thank you very much. Well, first, I think we all should thank Tonia again for coming all the

way from Oklahoma, where it’s been hazardous even to drive around, if you’ve been seeing—

[laughter]—Oklahoma and my native State of Arkansas have been one big icicle for the last several days. And she came all the way up here to try to make sure that no other woman ever has to go through what she has, and I think she did a terrific job.

I'd also like to thank Senator Clinton—God, what a kick—[laughter]—this is the first time I've been able to say that; I'm still getting used to saying that; I kind of like it, you know—who has been such a vital part of all the progress we've made in women and children's health here in the United States and throughout the world and who will continue to lead on these issues in the United States Senate.

I thank, as Hillary did, Secretary Shalala for all she has done, right up until the 11th hour. Just a few days ago, we were announcing our medical privacy regulations, which I think are profoundly important, and I thank her.

And as Hillary said, Janice Lachance, at the Office of Personnel Management, has kept us on the forefront of employers, in setting a good example. And she, in the 11th hour—even later—announced that we were going to have parity for mental health, something that Tipper Gore has worked so hard for and something that you have made real for the Federal employees and their families. And I thank you for that.

I'd also like to thank someone who never gets mentioned but has literally done virtually—is responsible for virtually everything I have done on health care for 8 years, Mr. Chris Jennings. Thank you, Chris, wherever you may be. Thank you.

I, too, want to thank our friends Anna Eshoo, Louise Slaughter, Sherrod Brown, Rosa DeLauro for joining us today, and for all those who worked with them on this important legislation and for all the things that they have tried to do. Hillary mentioned the genetic discrimination law. I think that's very important. And there's lots of interests arrayed against Louise and the others who are trying to pass this bill. And I won't be around to help you, but we've got a better distribution in the Congress for people who would like to pass that. And I'll say more about this at the end of my remarks.

But as I imagine, what we want people to find out about themselves and their conditions and what we can do to lengthen life and improve the quality of life, it's only going to work if we have some protection against discrimination. When you find out something that you

really need to know but somebody will use against you, you wind up having more people in the same shape Tonia was in, if we permit genetic discrimination. Instead of lengthening life, we're going to cut short work lives and a lot of other problems if we don't pass it. So I urge you all to please hang in there with this vast group and try to pass a bill against genetic discrimination so that we can move on to the next chapter of this grand struggle.

Now, mostly what we're here to do today is to mark the progress that we've made in women's and children's health, thanks to the dramatic increase in funding for research and the provision of more health care options for women and children, thanks to your stand against discrimination and violence directed at women and for a woman's right to choose. So many of you, advocates for women and children, women's health, breast and cervical cancer groups, have never stopped fighting since—certainly since the day I got here. [Laughter] I thought I had a lot of energy until I met all of you. [Laughter] And you have, on occasion, worn me out. [Laughter]

But in the bill we come to particularly talk about today, you have proved once again that when Americans put the people of this country first, when they look at the human dimensions of a challenge, there are literally no limits to what we can achieve together. And so again, I want to thank all of you for what you've done and what we'll go on to do.

With regard to breast and cervical cancer, I just wanted to reemphasize that we know what works: early detection, prompt treatment, and a commitment to research until a cure is found. And we have to stay on all three approaches.

More than 180,000 women will be diagnosed with breast or cervical cancer this year in the United States. Too many Americans still will lose a sister, a daughter, a friend, or a mother. And too many women will be unable to pay for health care that will dramatically improve or even save their lives.

Everybody who knows anything about this disease knows this delay can be fatal, literally. And still, too many uninsured women face a curious patchwork of care or inadequate care or no care at all. We know that women who are uninsured—listen to this—are 40 percent more likely to die from breast cancer than women with insurance. I know the worst licking I took in the last 8 years was when I tried to provide health

insurance to everybody. But when I hear a statistic like that, I still think we need to keep going until everybody's got health insurance.

Now, there's more than one way to do it. The Children's Health Insurance Program—when we tried in '94, the budget was in deficit and the economy was still not fully recovered. We could neither raise the money nor require employers to come up with it. That's fundamentally what happened. We didn't have the economic circumstances to create a comprehensive network. But the Children's Health Insurance Program, alone, as it's being implemented, has led us to the first reduction in the number of people without health insurance in a dozen years, and that's good.

Now, the Breast and Cervical Cancer Treatment Act, which built on the previous work we did to provide preventive screenings under Medicare and to include more women in clinical trials, both of which were also quite important for the long run issues—this allows States to extend full Medicaid benefits to women who are diagnosed with these cancers but don't have insurance. Every year it will help to get prompt and quality care to thousands who might otherwise not receive care or be bankrupted by the cost of it.

Today we're taking two new steps to help bring down these barriers earlier. First, we are releasing new guidelines for States to explain their options under the Breast and Cervical Treatment Act. I don't want to have the same kind of take-up time with this we had with the Children's Health Insurance Program. We need to move on this in a hurry, and you can help with that.

These guidelines will explain how to get Federal matching dollars to fund care. When women are diagnosed with cancer through federally funded screening programs, States may now enroll them in Medicaid right away. Doctors and hospitals may start providing care immediately, even before the paperwork is processed. It's very important. And we hope that these guidelines will free more State funds for breast cancer screening. If all this happens and it happens in a hurry, we will save a lot of lives every year.

Second, because we want the Federal Government to be a model employer, I'm directing every agency to help every employee have the time to get checked for cancer and other preventable diseases every year. This is an impor-

tant step for everyone and particularly for women. To take just one example, for women ages 50 to 69, regular mammograms reduce the risk of death by breast cancer by 30 percent. From now on, every one of our 1.8 million Federal employees who need it will have up to 4 hours of leave available every year for preventive screenings. I hope this will spur other employers to take similar actions.

With these steps, as well as the Children's Health Act of 2000 that Hillary mentioned, we've built a strong foundation of research and treatment for those who suffer today, and we've done what we could to ensure that cancer and other diseases will claim fewer victims tomorrow.

But before I close, I just want to remind you, there's a lot of work ahead—a lot. And all the best stuff is still out there. We have to build on what we have accomplished, and we should not retreat from the advances we've made in reproductive health and family planning. We want to see healthy mothers and healthy fathers raising healthy children in the United States and all across the world.

We have to recognize that we have a unique situation today where we've gone from record deficits to record surpluses, where we can actually invest in health care and education and the other things we need to invest in, have an affordable tax cut, and continue to pay down the debt to keep interest rates low.

If anybody doubts the psychological and financial impact of lower interest rates, all you have to do is look what happened when the Federal Reserve acted yesterday. [Laughter] And the Government—those of us in political life, or those of you, now that I'm leaving—[laughter]—you've got to remember that. If you keep the interest rates low, it's a big old tax cut to everybody, and it keeps the budget in balance, and it provides the funds necessary to invest in these things.

But let me just say again—and this is particularly important to women, because women still have a longer life expectancy than men, and Americans who live to be 65 have the longest life expectancy of any people in the world, so we have got to modernize and upgrade Medicare and add a prescription drug benefit to it.

And another thing I think is very important, we ought to pass that tax credit for long-term care. More and more people are providing direct health care to their parents or otherwise having

to pay for it. And this is going to become a bigger issue. Anybody who lives to be 65 in America today has a life expectancy of nearly 83 years, and it's only going to go up.

I think it is profoundly important to pass the Patients' Bill of Rights. If you look at the reaction you had to Tonia today and the reaction you had to sort of congratulating yourselves—as well you should have—for the passage of the law that we celebrate and then you imagine every other person in this country today who has got some other kind of cancer or some other kind of health problem or is going to have an accident that requires some kind of serious health care, we must rededicate ourselves now, when we are financially solvent, to the proposition that we're going to do more to expand health care coverage for the millions of people who still don't have it. And again, we've learned over the last 6 years that if we focus on discrete populations and build bipartisan support, we can get this done.

And I still believe the biggest numbers out there and the greatest need are the parents of the children who are in this Children's Health Insurance Program, because a lot of them are getting their kids insured now, but they don't have health insurance, and they're not insured at work; they're working for modest wages. And we can afford to do that. That would take about—if we did it right, we'd get rid of about 25 percent of the uninsured population, including those least able to pay.

Then I think we should focus on the people who quit work at 55 and can't get Medicare until 65. And with a tax credit, we can enable them to buy into Medicare without bankrupting Medicare, without taking down the Trust Fund at all—it's at a 25-year high now—and we'd really be taking some of the most generally vulnerable populations. So I hope you will continue to work on that.

And let me just say, looking ahead, we have roughly doubled spending on medical research in the last 6 years or so. We have announced this year the sequencing of the human genome. A little over a year ago, the two genetic variations that are high predictors of breast cancer were identified.

Now, what all this means is, first of all, that we're going to be able to prevent more diseases; secondly, we're going to have quicker treatment. I am convinced that the development of so-called nanotechnology, which will enable us to

have, for example, computer storage capacity on things the size of a teardrop that are bigger than supercomputers today and will, within a matter of a few years, allow us to go after cancers when they are only a few cells large. Our idea today about identifying a cancer early will seem like, within 5 years, identifying a cancer in very late stages.

All this is going to change everything for the better. But I will say again, we had to put these privacy rules out that we put out. We've got to pass this antidiscrimination legislation, and we have to make sure that we continue to invest in not only the research but then the distribution of the wonders through adequate care coverage.

It won't be long before the average young mother will come home with a little gene map of their baby. *[Laughter]* And some of them will have really scary things on there, and it will be a burden for some people. But they will also have a list of things that, if the mothers and fathers will do these things, the kids will dramatically increase their chances of living a long and healthy life. And it won't be long until the average mother will bring home a baby with a life expectancy of 90 years or more. Our bodies are actually built to last more than 100 years, if we didn't have all the problems that get in our way along life's way.

But that means we have to reimagine all this. And it means that the role of citizen lobbyists and citizen activists will become more and more important, because we are literally just at the beginning of building the kind of health care system that will be adequate to the 21st century.

And I'm telling you, most of it is going to be really good. But it's going to change the practice of medicine. It's going to change the way the health care delivery system is organized. It's going to provide all kinds of new challenges. And we're going to have to figure out how to get people who need to know it all this stuff that's out there without letting somebody else take advantage of them, financially or otherwise.

I can hardly think of a more exciting time in the entire history of the health sciences. And I believe that in the lifetime of people in this room, the cure rate for breast and cervical cancer will go through the roof; the prevention rate will escalate for all kinds of major cancers; the cure rate for prostate cancer will go through the roof. And once we get the technology down, when we merge the human genome with the

microtechnology necessary to identify and zap cancers when they're just in infant stages that are presently unidentifiable, the whole world will be very different.

You can all participate in that. But these decisions do not happen by accident. People who have other things to think about have to make decisions about how to allocate public funds for research. People who are under all different kinds of pressures have to make decisions about which bills will pass and which won't, in terms of extending coverage. And you have to enter this fray with the same energy that you brought

to this fight. And just remember, all the best stuff is still out there. Go get it.

Thank you, and God bless you.

NOTE: The President spoke at 3:15 p.m. in the East Room at the White House. In his remarks, he referred to breast cancer survivor Tonia Conine, who introduced the President. H.R. 4386, approved October 24, 2000, was assigned Public Law No. 106-354. The transcript released by the Office of the Press Secretary also included the remarks of Senator Hillary Clinton.

Memorandum on Preventive Health Services at the Federal Workplace *January 4, 2001*

*Memorandum for the Heads of Executive
Departments and Agencies*

Subject: Preventive Health Services at the
Federal Workplace

Today, as we celebrate the enactment of the Breast and Cervical Cancer Prevention and Treatment Act that I signed into law in October of last year, I am heartened by the progress being made in expanding access to preventive care for cancer and other serious diseases. We know a great deal about screening procedures that can detect diseases early, and about behaviors, such as smoking cessation and sun avoidance, that can greatly reduce a person's risk of disease. The challenge that remains is to ensure that all Americans not only take advantage of the screening programs and other effective preventive measures that are available and appropriate, but that they make positive changes in their lifestyles before disease develops.

The workplace is a logical place to provide employees with health information and services to help them learn about preventive health. The Federal Government, the Nation's largest employer, has already developed many programs to encourage preventive health care for its employees. These measures, available to Federal employees through the Federal Employee Health Benefits Program, cover a broad range of preventive health services, including screening for prostate, cervical, colorectal, and breast cancer, and screening for sickle cell anemia, blood lead level, and blood cholesterol level. The pro-

grams also provide for all recommended childhood immunizations, well child care, and adult preventive care visits. In addition, the Federal personnel system provides employees with considerable flexibility in scheduling their hours of work and taking time off for medical needs, including routine examinations and preventive screenings. Many agencies offer creative, effective employee health programs that provide opportunities for employees to take advantage of preventive health screenings at the worksite.

There is still room for progress. Therefore, I am today directing Federal departments and agencies to review their policies and make maximum use of existing work schedule and leave flexibilities to allow Federal employees to take advantage of screening programs and other effective preventive health measures. Each department and agency should also inform its employees of the various work schedule and leave flexibilities available to them to participate in these preventive screenings and examinations. Such flexibilities include promoting alternative work schedules (flexible and compressed work schedules), which allow for a variety of working arrangements tailored to fit the needs of individual employees, granting leave under the Federal Government's sick and annual leave programs, and granting excused absence to employees to participate in agency-sponsored preventive health activities. In the case of employees with fewer than 80 hours (two weeks) of accrued sick leave, I am directing each department and